

Licensed Family Provider Documentation of Orientation Training

Name of Provider _____ Hire Date ____/____/____

Topic	Date Completed	Employee Initials
Job description and assigned duties.	____/____/____	
The provider's written policies and procedures.	____/____/____	
The provider's emergency and disaster plan.	____/____/____	
Sections 11 through 24 of the child care licensing rules.	____/____/____	
Introduction and orientation to the children I will be assigned to care for.	____/____/____	
Information listed on the health assessments for the children I will be assigned to care for.	____/____/____	
The procedures for releasing children to authorized individuals only.	____/____/____	
How to clean up body fluids.	____/____/____	
The warning signs and symptoms of child abuse and neglect.	____/____/____	
The legal reporting requirements for witnessing or suspicion of child abuse, neglect, and exploitation.	____/____/____	
How to obtain assistance in emergencies.	____/____/____	
How to prevent shaken baby syndrome and how to cope with crying babies. (If the provider cares for infants or toddlers.)	____/____/____	
How to prevent sudden infant death syndrome. (If the provider cares for infants or toddlers.)	____/____/____	

Date All Required Orientation Training Was Completed: ____/____/____

First Date of Unsupervised Caregiving: ____/____/____

Signature of Employee: _____

Signature of Licensee: _____

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.